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CONFIRMATION NO. 4229

<b>SERIAL NUMBER</b> 10/510,085	<b>FILING OR 371(c) DATE</b> 04/11/2005 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 30815/26239	
<b>APPLICANTS</b> Hans-Dieter Wiek, Hochdorf, GERMANY; Bernd Gugel, Ulm-Einsingen, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/01634 02/18/2003 <i>ok ced</i>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 20205274.5 04/05/2002 <i>ok ced</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Candis R. K. ced</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 4743					
<b>TITLE</b> Medical, handpiece in particular for dentistry, with an outlet for an abrasive flowing medium and splashguard for the outlet					
<b>FILING FEE RECEIVED</b> 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		